

APPLICATION FOR THIRD-PARTY TESTER CERTIFICATION

TPT 553 (07/01/2007)

Purpose: Third-party tester use this form to apply for certification to conduct the skills test component of the CDL examination.

Instructions: Answer all questions. Type N/A if a question is not applicable. Incomplete forms will not be processed unless all questions are answered. No more than 2 applications will be accepted from any one third-party tester applicant in any 12 month period.

GENERAL INFORMATION		
COMPANY NAME		DATE (mm/dd/yyyy)
STREET ADDRESS		TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from street address)		NUMBER YEARS IN BUSINESS IN VA
CITY	STATE	ZIP CODE
BUSINESS TYPE		NUMBER YEARS IN BUSINESS IN VA
ICC/DOT NUMBER	DOT RATING	SCC NUMBER

PROPOSED TEST SITES	
SITE NAME	ADDRESS

EMPLOYEE INFORMATION		
CONTACT PERSON NAME		SOCIAL SECURITY NUMBER
JOB TITLE		WORK TELEPHONE NUMBER ()
WORK MAILING ADDRESS (if different from street address)		
CITY	STATE	ZIP CODE

DRIVER INFORMATION				
Enter the number of drivers to operate a commercial motor vehicle at least 12 months prior to submitting this application.				
FULL TIME	PART TIME	CONTRACTUAL	SEASONAL	TOTAL

VEHICLE INFORMATION			
Describe all classes and types of commercial motor vehicles owned or leased for which you are applying to be certified as a third-party tester.			
VEHICLE CLASS	VEHICLE TYPE	GVWR OR GCWR	NUMBER OF VEHICLES OWNED/LEASED